VALPARAISO UNIVERSITY DEPARTMENT OF ATHLETICS
1009 Union Street VALPARAISO, IN 46383
219-464-5014

Men's & Women's Swimming & Diving Prospect Questionnaire

Please fill out completely and return to above address.

PERSONAL

Please print

Name:_____SS#:_____-____-_____
Last First Middle

Address:_____
Number and Street City State Zip

Home Phone:(____)_____E-mail:_____

Date of Birth:_____Height:_____Weight:_____

Father's Name:_____Occupation:_____College:_____

Mother's Name:_____Occupation:_____College:_____

May I phone you at home?_____If so, what days/time are best?_____

ACADEMICS

High School:_____Graduation Date:_____NCAA Clearinghouse Code:_____

Address:_____
Number and Street City State Zip

GPA:_____/_____Class Rank:_____/_____Test Scores: ACT:_____SAT:_____

Academic Interests: (1)_____(2)_____(3)_____

ATHLETICS

Please list your best events and best short and long course times. Please include a complete list of both 1 & 3 Meter Dives.

Event	Short Course Yards	Long Course Meter

1 M Dive **3 M Dive**

_____ _____

_____ _____

HS Coach:_____Phone:_____Club Coach:_____Phone:_____

How many years have you been involved in competitive swimming/diving:_____

Do you know anyone currently attending or swimming for Valparaiso University? Any Alumni?_____

Are you interested in signing early? Yes____ No____ Need more information_____

COMMENTS AND/OR QUESTIONS: